## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/564094 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED I"AMENDXIENT 2 MAMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <del>7</del>9 TOTAL IND TOTAL IND TOTAL DEP TOTAL DEF TOTAL **CLAIMS** U.S. DEPARTMENT of COMMERCE PTO - 1360 (REV. 11/04)